

**Continuing Education Approval Request & Affidavit – 5/02  
(Form #CE-1)**

Date \_\_\_\_\_

Name \_\_\_\_\_ Registration # \_\_\_\_\_

Address \_\_\_\_\_

This Column To Be Completed by Applicant	Credit Hours Earned	Board Use Only	
Conference Sessions Requested for Approval (Date, Title, Location)		Approved	Disapproved
Carryforward Hours _____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
<b>TOTAL</b> _____		Reviewed by: _____	
Carryforward Hours (Above TOTAL less 15 hours) _____ (Maximum Carryforward = 15)		Approved by: _____	

**AFFIDAVIT OF COMPLIANCE:** I certify that I attended the above continuing education courses and that the hours attended are correct. By certifying that I attended the above listed courses, I understand that my license to practice Landscape Architecture in the Commonwealth of Kentucky may be revoked if I falsify any of the information or if I did not attend a listed course. I understand that the Kentucky State Board of Examiners & Registration of Landscape Architects has the right to verify my attendance to the above listed courses. I have retained in my files a registration receipt, canceled check or other acceptable verification of my attendance to the above listed course.

\_\_\_\_\_  
Signature Printed or Typed Name Date

This form must be legibly printed or typed for Board review. This form must also be signed and sealed. The Board shall audit, based upon a random selection, at least five percent (5%) and no more than fifteen percent (15%) of the registrants.

**SEAL**